



Patent
Attorney's Docket No. 032775-041

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Morris et al.) Group Art Unit: 1642
Application No.: 09/847,356) Examiner: HARRIS, ALANA M.
Filed: May 3, 2001) Confirmation No.: 6890
For: REOVIRUS CLEARANCE FOR RAS-)
MEDIATED NEOPLASTIC CELLS FROM)
MIXED CELLULAR COMPOSITIONS)

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7/15/03

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AMENDMENT AND REPLY TO OFFICE ACTION

TECH CENTER 1600/2900

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment and Reply to Office Action is submitted in response to the Office Action mailed March 27, 2003, for the above-referenced application. The Examiner set a three (3) month period for response. This response is being filed on or before its current due date of June 27, 2003.

In the event that a telephone conversation could expedite the prosecution of this application, the Examiner is requested to call the undersigned at (650) 622-2340.



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AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and the ☐ ☐ fee due under 37 C.F.R. § 1.20(d) are also enclosed.
- ☐ Also enclosed is/are _____.
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐
☐ fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted __, on __, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

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☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× =	
Independent Claims		MINUS =		× =	
If Amendment adds multiple dependent claims, add					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					

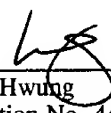
☐ A claim fee in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. . This paper is submitted in duplicate.

Respectfully submitted,

Date: June 20, 2003

By: 
Ping F. Hwang
Registration No. 44,164

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